

A BILL TO BE ENTITLED

AN ACT

relating to expedited credentialing for certain podiatrists providing services under a managed care plan.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 1452, Insurance Code, is amended by adding Subchapter D to read as follows:

SUBCHAPTER D. EXPEDITED CREDENTIALING PROCESS

FOR CERTAIN PODIATRISTS

Sec. 1452.151. DEFINITIONS. In this subchapter:

(1) "Applicant podiatrist" means a podiatrist applying for expedited credentialing under this subchapter.

(2) "Enrollee" means an individual who is eligible to receive health care services under a managed care plan.

(3) "Health care provider" means:

(A) an individual who is licensed, certified, or otherwise authorized to provide health care services in this state;
or

(B) a hospital, emergency clinic, outpatient clinic, or other facility providing health care services.

(4) "Managed care plan" means a health benefit plan under which health care services are provided to enrollees through contracts with health care providers and that requires enrollees to use participating providers or that provides a different level of coverage for enrollees who use participating providers. The term

1 includes a health benefit plan issued by:

2 (A) a health maintenance organization;

3 (B) a preferred provider benefit plan issuer; or

4 (C) any other entity that issues a health benefit
5 plan, including an insurance company.

6 (5) "Participating provider" means a health care
7 provider who has contracted with a health benefit plan issuer to
8 provide services to enrollees.

9 (6) "Professional practice" means a business entity
10 that is owned by one or more podiatrists or physicians.

11 Sec. 1452.152. APPLICABILITY. This subchapter applies only
12 to a podiatrist who joins an established professional practice that
13 has a current contract in force with a managed care plan.

14 Sec. 1452.153. ELIGIBILITY REQUIREMENTS. To qualify for
15 expedited credentialing under this subchapter and payment under
16 Section 1452.154, an applicant podiatrist must:

17 (1) be licensed in this state by, and in good standing
18 with, the Texas State Board of Podiatric Medical Examiners;

19 (2) submit all documentation and other information
20 required by the issuer of the managed care plan as necessary to
21 enable the issuer to begin the credentialing process required by
22 the issuer to include a podiatrist in the issuer's health benefit
23 plan network; and

24 (3) agree to comply with the terms of the managed care
25 plan's participating provider contract currently in force with the
26 applicant podiatrist's established professional practice.

27 Sec. 1452.154. PAYMENT OF APPLICANT PODIATRIST DURING

1 CREDENTIALING PROCESS. On submission by the applicant podiatrist
2 of the information required by the managed care plan issuer under
3 Section 1452.153(2), and for payment purposes only, the issuer
4 shall treat the applicant podiatrist as if the podiatrist were a
5 participating provider in the health benefit plan network when the
6 applicant podiatrist provides services to the managed care plan's
7 enrollees, including:

8 (1) authorizing the applicant podiatrist to collect
9 copayments from the enrollees; and

10 (2) making payments to the applicant podiatrist.

11 Sec. 1452.155. DIRECTORY ENTRIES. Pending the approval of
12 an application submitted under Section 1452.154, the managed care
13 plan may exclude the applicant podiatrist from the managed care
14 plan's directory of participating podiatrists, the managed care
15 plan's website listing of participating podiatrists, or any other
16 listing of participating podiatrists.

17 Sec. 1452.156. EFFECT OF FAILURE TO MEET CREDENTIALING
18 REQUIREMENTS. If, on completion of the credentialing process, the
19 managed care plan issuer determines that the applicant podiatrist
20 does not meet the issuer's credentialing requirements:

21 (1) the managed care plan issuer may recover from the
22 applicant podiatrist or the podiatrist's professional practice an
23 amount equal to the difference between payments for in-network
24 benefits and out-of-network benefits; and

25 (2) the applicant podiatrist or the podiatrist's
26 professional practice may retain any copayments collected or in the
27 process of being collected as of the date of the issuer's

1 determination.

2 Sec. 1452.157. ENROLLEE HELD HARMLESS. An enrollee in the
3 managed care plan is not responsible and shall be held harmless for
4 the difference between in-network copayments paid by the enrollee
5 to a podiatrist who is determined to be ineligible under Section
6 1452.156 and the managed care plan's charges for out-of-network
7 services. The podiatrist and the podiatrist's professional
8 practice may not charge the enrollee for any portion of the
9 podiatrist's fee that is not paid or reimbursed by the enrollee's
10 managed care plan.

11 Sec. 1452.158. LIMITATION ON MANAGED CARE ISSUER
12 LIABILITY. A managed care plan issuer that complies with this
13 subchapter is not subject to liability for damages arising out of or
14 in connection with, directly or indirectly, the payment by the
15 issuer of an applicant podiatrist as if the podiatrist were a
16 participating provider in the health benefit plan network.

17 SECTION 2. The change in law made by this Act applies only
18 to credentialing of a podiatrist under a contract entered into or
19 renewed by a professional practice and an issuer of a managed care
20 plan on or after the effective date of this Act. A contract entered
21 into or renewed before the effective date of this Act is governed by
22 the law in effect immediately before that date, and that law is
23 continued in effect for that purpose.

24 SECTION 3. This Act takes effect September 1, 2013.